



LABOR REDISTRIBUTION FORM

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|-----------------|---------------------|
| DEPARTMENT NAME | DATE |
| EMPLOYEE NAME | EMPLOYEE "Z" NUMBER |

| (1) | (2) | (3) | (4) | (5) | (6) | (7) |
|--------|---------------------------|-------------|---------------------------------|---|-------------|-----------------------|
| *PAY # | INDEX # currently CHARGED | Grant **Y/N | \$ AMOUNT CHARGED (amount paid) | INDEX # TO BE CHARGED (move labor exp to) | Grant **Y/N | \$ AMOUNT TO BE MOVED |
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*Labor redistributions will only be processed for the previous 90 days on all funds.

 (Prepared by) (Telephone number)

Remarks:

**** This section applies to grants only**

JUSTIFICATION

Why was this payroll expense originally charged to the account, from which it is now being transferred?

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Explain how the payroll expenditures being transferred is allowable and allocable to the receiving account?

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SUPPORT DOCUMENTATION

- Copy of Departmental Ledger is attached
- Copy of signed payroll certifications are attached

Note: If the expenditure is over 90 calendar days from the transaction date a Cost Transfer Request form must be submitted along with this form.

REQUIRED SIGNATURES

Date

| | | |
|-------------------------------------|--|--|
| Principal Investigator / Dept. Head | | |
| College Dean | | |

Note: By signing above, I acknowledge that I have read the Cost Transfer Policy and Procedures and certify that the payroll expenditures to be transferred is an appropriate expenditure for the sponsored grant or contract and that the expenditure complies with the terms and restrictions governing that sponsored grant or contract. In addition, I certify that the salary charges are allocated in direct proportion to the time and effort spent on duties of the contract or grant fund being charged and the charges reflect the accurate distribution of labor charges.

FOR OFFICE OF CONTRACTS & GRANTS USE ONLY:

| NIH / DHHS | PAST 90 DAYS | EXPIRATION DATE | APPROVAL |
|------------|--------------|-----------------|----------|
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